

Appendix 11c ■ Deinstitutional Services Functional Needs Assessment Grid

Resident's Name:		Care Manager:										
Diagnoses:		Date:										
Cognitive/Behavioral Issues that Affect Functioning:		<p>Use instructions to score ADLs/IADLs. Functioning Level in Facility: Indicates the level at which the resident now performs the function. Current Help: Indicates the type (if any) of human assist the resident receives. Anticipated for Discharge: Will Need (More) Help or Change in Help: Note initial assessment of help/resources needed for resident to make a successful transition to community. Include IADLs resident may not be performing while living in the facility.</p>										
		Functioning Level in Facility						Current Help				Anticipated for Discharge
		Independent	Verbal Cueing	Stand-by Assistance	Hands-on Assistance	Dependent	Para Medical	Device	Formal Help	Informal Help	Needs No Help	Will Need More Help or Change in Help
Activities of Daily Living (ADLs)	Comments											
Eating*		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6					
Dressing*		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Transferring*		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Bathing*		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Toileting*		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6					
Grooming*		<input type="checkbox"/> 1.		<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Instrumental ADLs	Comments											
Stair Climbing		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Mobility Indoor		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Mobility Outdoor		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Housework		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Laundry		<input type="checkbox"/> 1.			<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Shopping & Errands		<input type="checkbox"/> 1.		<input type="checkbox"/> 3		<input type="checkbox"/> 5						
Meal Prep & Cleanup		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5						
Transportation		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 5	<input type="checkbox"/> 6					
Telephone		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 5						
Medications		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6					
Money Management		<input type="checkbox"/> 1.	<input type="checkbox"/> 2	<input type="checkbox"/> 3		<input type="checkbox"/> 5						
Check Evaluations Needed		Comments										
<input type="checkbox"/> Physical Therapy												
<input type="checkbox"/> Nutrition												
<input type="checkbox"/> Speech												
<input type="checkbox"/> Occupational Therapy												
<input type="checkbox"/> Other:												